

Positive Pathways to improve the HIV Care Continuum in different healthcare settings – Expanding a Compendium of Observed Evidence-Based Practice to Australia, Brazil, Japan and Taiwan

Poster #

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Background

Implementation science in HIV aims to:

- Bridge the gap between evidence, practice and policy
- Improve the effectiveness of interventions along HIV care continuum.
- Identify which interventions can be scaled and replicated, and how they can be implemented
- Optimise care and make a meaningful contribution to the UNAIDS 90:90:90 target to help end the AIDS epidemic¹. See Figure 1

Positive Pathways for HIV Care is an initiative that maps the patient journey from prior to diagnosis of HIV, through to patients being managed and linked into HIV treatment and care. The aim is to achieve a sustained undetectable viral load. Having a greater understanding of how patient pathways evolve scientifically and clinically may in turn improve the overall optimal care and health-related quality of life of people living with HIV (PLHIV)

The initial project, completed in 2016, explored HIV care in specialized HIV centres across Europe, USA and Canada and comprised of:

- Eight site visits, secondary desk research and a systematic literature review on Implementation Science in HIV
- Development of three key deliverables:
 - 21 evidence based intervention (EBIs) compendium
 - A self-assessment questionnaire
 - and a publication on Implementation science in HIV care (in progress)².

Methods

There remains a substantial gap between what we know works and what we are achieving in HIV programs.

Through advisory boards with physicians from the expansion sites and additional physicians from South Korea, Thailand, Colombia, Jamaica, Peru, Mexico and Argentina we reviewed the resultant observations. This confirmed the 21 EBIs as important and also identified an additional seven for inclusion (Figure 2), ranked for ease of implementation and potential impact.

The self-assessment questionnaire was also reviewed for accuracy and relevance for different geographical regions and was updated accordingly.

These were:

- Prior 1st 90
 - Access to PrEP
 - Public Health Campaigns to reduce stigma and discrimination
- 1st 90
 - Mobile testing
 - Increased flexible working hours for better patient access
- 2nd & 3rd 90
 - Use of a peer navigator in the community
 - Specific adolescence service and other groups with specific needs
 - Internal formal improvement committees
- General (not an intervention however a call for action):
 - More efficient data collection and analysis to enable effective cost and impact) interventions and policy advice

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Objective

In 2017, Positive Pathways expanded to include seven additional sites in Australia, Brazil, Japan and Taiwan to appraise whether the compendium and questionnaire are applicable and transferable to other geographies and health care settings.

Figure 1



Discussion and Key Learn

- The 21 EBI compendium was relevant to the additional sites, which further endorsed commonalities of HIV care and management.
- An additional seven EBI are to be added due to the rapidly changing HIV and healthcare environment, differences in both healthcare delivery and environments, as well as the need to provide more comprehensive services in prevention and specific key affected-population
- A key learn from the expansion has been the difference in culture, with specific focus on stigma and discrimination, which extends to the healthcare professionals (HCPs) that are managing people living with HIV within the Asia Pacific region, resulting in some HCPs are reluctant to advertise their position as an HIV treating physician

Conclusions

Through the expansion of Positive Pathways to other localities, we conclude that the Compendium and Self-Assessment Questionnaire are valid and useful to other healthcare settings in multiple varied geographical areas. Identified areas for continuing effort:

1. Implementation Science in HIV requires a more consistent and structured approach to support decision making and enabling policy change in order to make the most effective use of resources and have a tangible impact on improving all domains of the HIV care continuum
2. Utilise an implementation science framework to study the transferability (ability to scale and replicate) of the EBIs captured within the compendium to real-world settings.

Figure 2

21 Prioritised observed EBI and 7 additional EBI from expansion

